



# Belmont Permit Center

## PERMIT APPLICATION

Application No.: \_\_\_\_\_

### Case Type:

Zoning of Property: \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Design Review                     | <input type="checkbox"/> Tentative Tract Map         | <input type="checkbox"/> Certificate of Appropriateness  |
| <input type="checkbox"/> Variance                          | <input type="checkbox"/> Façade Improvement Rebate   | <input type="checkbox"/> General Plan Amendment          |
| <input checked="" type="checkbox"/> Conditional Use Permit | <input type="checkbox"/> Lot Line Adjustment         | <input type="checkbox"/> Rezoning / Zoning Ordinance     |
| <input type="checkbox"/> Floor Area Exception              | <input type="checkbox"/> Grading Permit Approval     | <input type="checkbox"/> Geologic Review                 |
| <input type="checkbox"/> City Code Exception               | <input type="checkbox"/> Conceptual Development Plan | <input type="checkbox"/> Geo-Hazards Map Amendment       |
| <input type="checkbox"/> Tentative Parcel Map              | <input type="checkbox"/> Detailed Development Plan   | <input type="checkbox"/> Subdivision Ordinance Exception |

Zoning Case Numbers: \_\_\_\_\_  
(Staff Use Only)

**Project Description:** \_\_\_\_\_

### Property Description:

Street Address: \_\_\_\_\_, Belmont, CA 94002

Assessors Parcel Number: \_\_\_\_\_

Property Area (sq. ft.): \_\_\_\_\_

Nearest Cross Street: \_\_\_\_\_

### Applicant Information:

Owner Name:	Telephone Number: (     )	Fax Number: (     )
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Mailing Address, if different from Site Address:	E-mail Address:
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Applicant Name, if different from Property Owner:	Telephone Number: (     )	Fax Number: (     )
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Applicant Mailing Address:	E-mail Address:
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### Submittal Authorization:

Signature of Owner:	Date:
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Signature of Applicant, if different from Owner:	Date:
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**For Office Use Only:** Fee Amount: \_\_\_\_\_ Check No.: \_\_\_\_\_



**Belmont Permit Center**  
**PERMIT APPLICATION**

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Street Address: \_\_\_\_\_

Application No.: \_\_\_\_\_

***Site Preparation / Grading:***

Number of Cubic Yards of Combined Cut and Fill:

\_\_\_\_\_ Cubic Yards

OR Check ☐ if less than 50 Cubic Yards

Depth of any Cut or Fill at Deepest Point:

\_\_\_\_\_ Feet

OR Check ☐ if less than 2 Feet

Surface Area to be Graded or Cleared:

\_\_\_\_\_ Square Feet

OR Check ☐ if less than 2000 Square Feet

***Retaining Walls:***

The Project Includes New, Rebuilt or Extended Retaining Walls:

☐ Yes

☐ No

Maximum Height of New, Rebuilt or Extended Retaining Walls:

\_\_\_\_\_ Feet

***Floor Area:***

Existing Floor Area of All Enclosed Structures: \_\_\_\_\_ Square Feet

Proposed New Floor Area to be Added: \_\_\_\_\_ Square Feet

Total Floor Area Resulting from Project: \_\_\_\_\_ Square Feet

***On-site Parking:***

Existing Parking / Number of Spaces: \_\_\_\_\_ Covered \_\_\_\_\_ Uncovered

Proposed Additional or Lost Parking Spaces: \_\_\_\_\_ Covered \_\_\_\_\_ Uncovered

Total Parking Spaces Resulting from Project \_\_\_\_\_ Covered \_\_\_\_\_ Uncovered

***Check any of the following items that apply to the project:***

☐ Steep Terrain

☐ New Driveway / Curbcut

☐ New Signs

☐ Large Trees on Site

☐ New Water Service

☐ Redevelopment Area

☐ Historic Building on Site

☐ Construction Dumpster Required

**CONDITIONAL USE PERMIT**



**Belmont Permit Center  
SUPPLEMENTAL APPLICATION**

**Application No.:** \_\_\_\_\_ (Office Use)

***Address:*** \_\_\_\_\_

***Date:*** \_\_\_\_\_

***Project:*** \_\_\_\_\_

In order to approve a request for a Conditional Use Permit, the Planning Commission must determine that the project meets the five findings listed below. Please indicate how the project meets these findings:

- A. The location of the proposed use is compatible to other land uses in the general neighborhood area and does not place an undue burden on existing transportation, utilities and service facilities in the vicinity.

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- B. The site is of sufficient size to accommodate the proposed use together with all yards, open spaces, walls and fences, parking and loading facilities, landscaping and such other provisions required by this Ordinance.

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(Continued on Page 2)

**Belmont Permit Center**  
**CONDITIONAL USE PERMIT**

**SUPPLEMENTAL APPLICATION**

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- C. The site will be served by streets of capacity sufficient to carry the traffic generated by the proposed use.

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- D. The proposed use, if it complies with all conditions upon which approval is made contingent, will not adversely affect other property in the vicinity or the general welfare of the City.

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If the site is located within the Downtown Specific Plan and the project includes commercial uses, the following additional finding must be addressed:

- E. The proposed ground floor non-retail use is the best use in consideration of the building location and design and parking availability, or the nature of the proposed ground floor non-retail use will enhance the neighboring retail base by bringing clients into the area who would be likely to patronize neighboring businesses.

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# CONDITIONAL USE PERMIT



## Belmont Permit Center APPLICATION CHECKLIST

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**Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Project:** \_\_\_\_\_

*Please review your project with the Planning Department  
to determine if any additional items listed below are required.*

	<u>Required</u> (by City)	<u>Submitted</u> (by applicant)	
<u>Applications</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application Checklist (this form)
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permit Application
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supplemental Application
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neighborhood Outreach Strategy
<u>Plans</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Site Plan (six copies) *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Plan (six copies) *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exterior Elevations (six copies) *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cross-sections (six copies) *
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landscape Plan (six copies) *
	<input type="checkbox"/>	<input type="checkbox"/>	Property line survey
	<input type="checkbox"/>	<input type="checkbox"/>	Topographic survey map
	<input type="checkbox"/>	<input type="checkbox"/>	Tree Plan
	<input type="checkbox"/>	<input type="checkbox"/>	Grading plan
	<input type="checkbox"/>	<input type="checkbox"/>	Drainage plan
	<input type="checkbox"/>	<input type="checkbox"/>	Building sprinkler plan (four copies)
	<input type="checkbox"/>	<input type="checkbox"/>	Driveway plan and profile

\*See "plan" section of submittal requirements (Page 1) for clarification on submission of additional sets of plans required.

**Address:** \_\_\_\_\_

	<b><u>Required</u></b> (by City)	<b><u>Submitted</u></b> (by applicant)	
<b><u>Technical Information</u></b>	<input type="checkbox"/>	<input type="checkbox"/>	Calculations for cut and fill
	<input type="checkbox"/>	<input type="checkbox"/>	Geotechnical report
	<input type="checkbox"/>	<input type="checkbox"/>	Engineering geology report
	<input type="checkbox"/>	<input type="checkbox"/>	Arborist report
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Preliminary title report
<b><u>Miscellaneous</u></b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Color and material samples
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Photographs (eight sets)
<b><u>Noticing Information</u></b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Noticing map
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Notice list
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Notice envelopes (post-paid)
<b><u>Fees and Deposits</u></b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application fee
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Environmental fee
	<input type="checkbox"/>	<input type="checkbox"/>	Tree Removal Fee
	<input type="checkbox"/>	<input type="checkbox"/>	Geologic Review Fee
	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

**Staff Assistant:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Statement:** As applicant for this project, I hereby certify that the materials listed as 'submitted' on this checklist are complete and accurate. If the City of Belmont determines that the materials are incomplete or inaccurate, I understand that the entire application may be deemed withdrawn and the application materials returned to me, with no further processing by the City.

**Applicant's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_